

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
OCT 17 2013
Bayfield Co. Zoning Dept

47 X 3 = \$141.00
ENTERED
Permit #: 14-0001
Date: 1-2-2014
Amount Paid: \$141
Refund: 10-18-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>Nate Johnson Zukas</u>	Mailing Address: <u>PO Box 327 Cornucopia WI 54827</u>	City/State/Zip: <u>Cornucopia WI 54827</u>	Telephone: _____
Address of Property: <u>87130 Cty Hwy C</u>	City/State/Zip: <u>Cornucopia WI 54827</u>	Cell Phone: _____	
Contractor: <u>Bill Sloan</u>	Contractor Phone: <u>7157423470</u>	Plumber: <u>N/A</u>	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Bill Sloan</u>	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): <u>54827</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>E1/2 NW1/4 NW 1/4 S1/2</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-06-2-50-06-11-202-000-50000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>801</u> Page(s) <u>1013</u>
Section <u>11</u> , Township <u>50</u> N, Range <u>6</u> W	Town: <u>Be II</u>	Lot Size <u>10 Acres</u>	Acreage <u>10</u>

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes--continue <input checked="" type="checkbox"/> If Yes--continue	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> If Yes--continue <input checked="" type="checkbox"/> If Yes--continue	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$47,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>24</u>	Width: <u>24</u>	Height: <u>31</u>
Proposed Construction:	Length: <u>24</u>	Width: <u>22</u>	Height: <u>24</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance JAN 02 2014	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch with (2 nd) Porch <input type="checkbox"/> with a Deck with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use Secretarial Staff	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>attached garage & septic</u>	(<u>24</u> X <u>22</u>)	<u>528</u>
	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
Rec'd for Issuance		(<input type="checkbox"/> X <input type="checkbox"/>)	
OCT 23 2013	Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
Secretarial Staff	Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: [Signature] Date 17 OCT 2013
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____ Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

DOE FOR 3 YES/ANNUAL INSPECTION/PLUMBING WAS DOE 8.25.13 →

- Draw or Sketch your Property (regardless of what you are applying for)



(8) **Setbacks:** (measured to the closest point)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a certified compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

Post CAED WENT TO AK PO BOX. NEVER RETURNED ✓
 12/11/13
 12/11/13

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

DEC 17 2013

Bayfield Co. Planning Dept.

ENTERED

Permit #:

14-0009

Date:

1-3-14

Amount Paid:

\$15018.20-13

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: PETER & ANN BRAUNLEE	Mailing Address: 10061 MANNING AVE	City/State/Zip: STILLWATER MN 55082	Telephone:
Address of Property: 89300 ROMANS POINT	City/State/Zip: COONOCPIA WI 54807	Cell Phone: 651-271-2076	Plumber Phone:
Contractor: CEDAR BROOK CONST.	Contractor Phone: 715-209-0625	Plumber:	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s)) DANIEL GRANGER	Agent Phone: "	Agent Mailing Address (include City/State/Zip): 39810 JENSEN RD. WISC. 54855	Recorded Document: (i.e. Property Ownership) Volume Page(s)
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-010-251-06-29-405-002-71000	Subdivision:
1/4, 1/4	Gov't Lot 1	CSM 1547	Vol & Page
Section 29, Township 51 N, Range 6 W	Town of: BEU		Lot Size .74 Acreage .74

<input checked="" type="checkbox"/> Shoreland →	Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance/Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$500.00	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	New Construction	<input type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1			<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	Addition/Alteration	<input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2			<input checked="" type="checkbox"/> (New) Sanitary Specify Type: HT	<input checked="" type="checkbox"/> Well
	Conversion	<input checked="" type="checkbox"/> 2-Story <input type="checkbox"/>			<input type="checkbox"/> Sanitary (Exists) Specify Type:	
	Relocate (existing bldg)	<input type="checkbox"/> Basement <input type="checkbox"/>			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	Run a Business on Property	<input type="checkbox"/> No Basement <input type="checkbox"/>			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation <input type="checkbox"/>			<input type="checkbox"/> Compost Toilet <input type="checkbox"/>	

Existing Structure: (if permit being applied for is relevant to it)	Length: 40	Width: 6	Height: 16
Proposed Construction:			

Proposed Use	Principal Structure (first structure on property)	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2nd) Porch	()	()
	with a Deck	()	()
	with (2nd) Deck	()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	()	()
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify) 2nd DECK 8x16.5'	()	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): PETER AND ANN BRAUNLEE
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 10061 MANNING AVE. N

Date 12/17/13

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

in the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show location of (*): (*) **Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) **Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): (*) **Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): (*) **Wetlands; or (*) Slopes over 20%**

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	4'-80 Feet	Setback from the Lake (ordinary high-water mark)	4'-100 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	7'-11 Feet
		Setback from the Bank or Bluff	7'-6 Feet
Setback from the North Lot Line	4'-30 Feet		
Setback from the South Lot Line	4'-40 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	4'-80 Feet	Setback from 20% Slope Area	7'-6 Feet
Setback from the East Lot Line	4'-100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20'-4 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

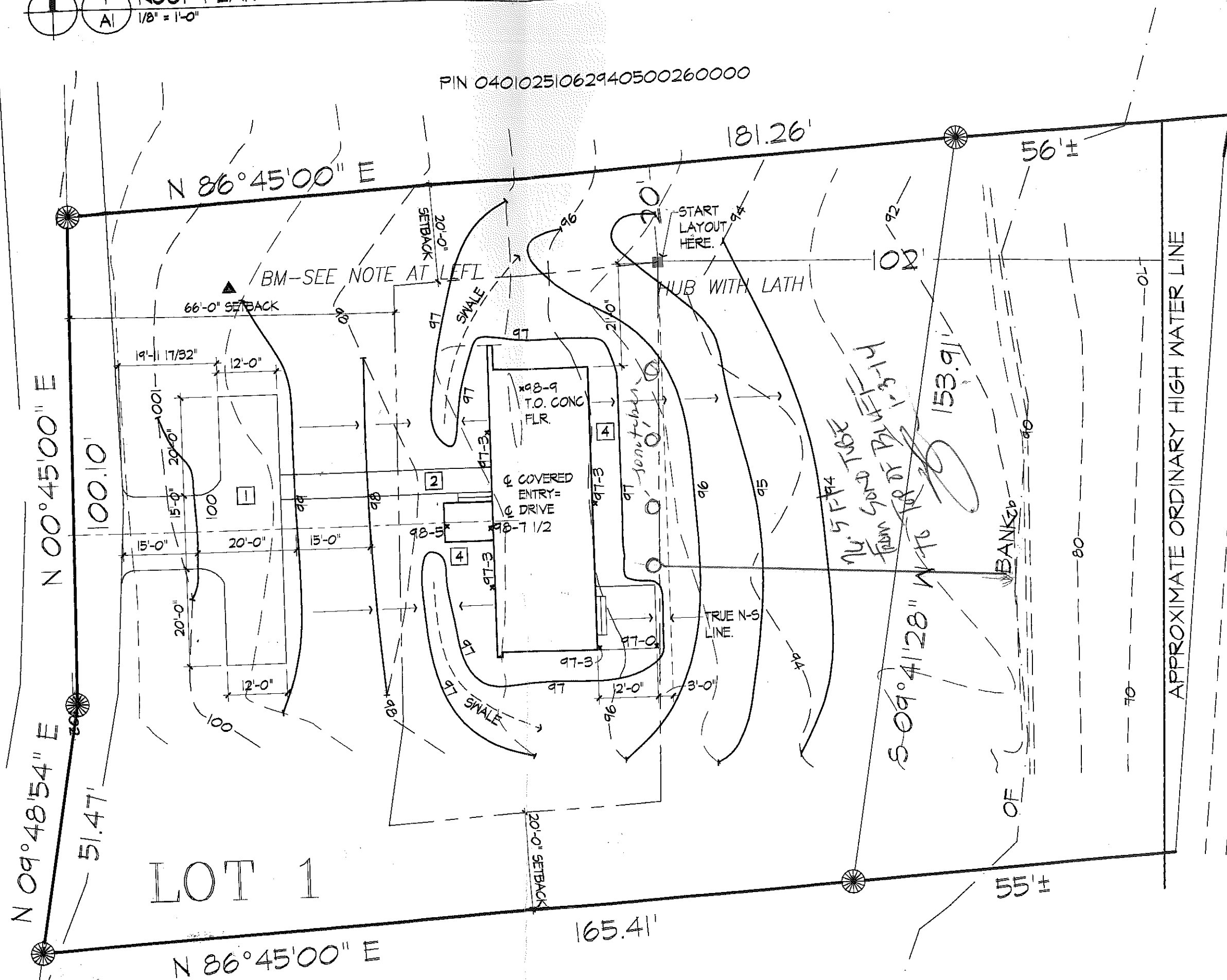
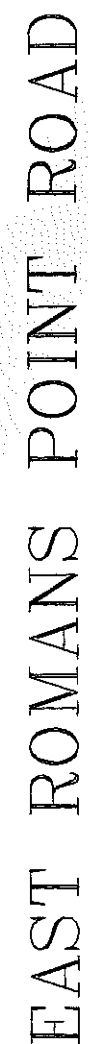
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 13-155	# of bedrooms:	Sanitary Date:					
Permit Denied (Date):		Reason for Denial:							
Permit #: 14-0009		Permit Date: 1-3-14							
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Case #: N/A	Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #: N/A		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Case #: 13-2005	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes	<input type="checkbox"/> No	ATE	Were Property Lines Represented by Owner				
					Was Property Surveyed				
Inspection Record: EXISTING SEWERS 76 FT to TOP OF BLUFF, 2 FT OVER BLUFF. FOR DECK WOULD NOT MEET 75 FT SETBACK REQUIREMENT. (R-1)		Lakes Classification: 1							
Date of Inspection: 12-27-13		Inspected by: GREENBERG, MICHAEL		Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)									
PROPERTY OWNER, SITE MAINTAIN 75 FT SETBACK FROM TOP OF BLUFF									
INCLUDING 2ND STORY, LAVERIDE DEK.									
Signature of Inspector: [Signature]									
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		Date of Approval: 1-3-14	



LA
SUF
WATER ELEV
60.3 BASED

SEPTIC

Bayfield County
Planning and Zoning Department
PO Box 58
Washburn, WI 54891
(715) 373-6138

**APP
BAYFIB**

Date Stamp (Received)

Checks are made payable to: Bayfield County Zoning Department

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO YOU.

HOW DO I FILL OUT THIS APPLICATION (VISIT OUR WEBSITE FOR MORE INFORMATION) www.rockwell.com

<input type="checkbox"/> Non-Shoreland			
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet Distance Structure is from Shoreline : <u>110</u> feet	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 16	Width: 10	Height: 18'

SECRETARIAL STAFF

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

above described property at any reasonable time for the purpose of inspection

Signature: _____ of _____ (Print Name and Title) must sign on letter(s) of authorization must accompany this application)

Authorized Agent: _____ (A letter of authorization must accompany this application)

Address to send permit

Attach
www.madeinusa.com/attach

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

1176

- 1) Show Location of: **Proposed Construction**
2) Show / Indicate: North (N) on Plot Plan
3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
4) Show: All Existing Structures on your Property
5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Setbacks for
1994

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

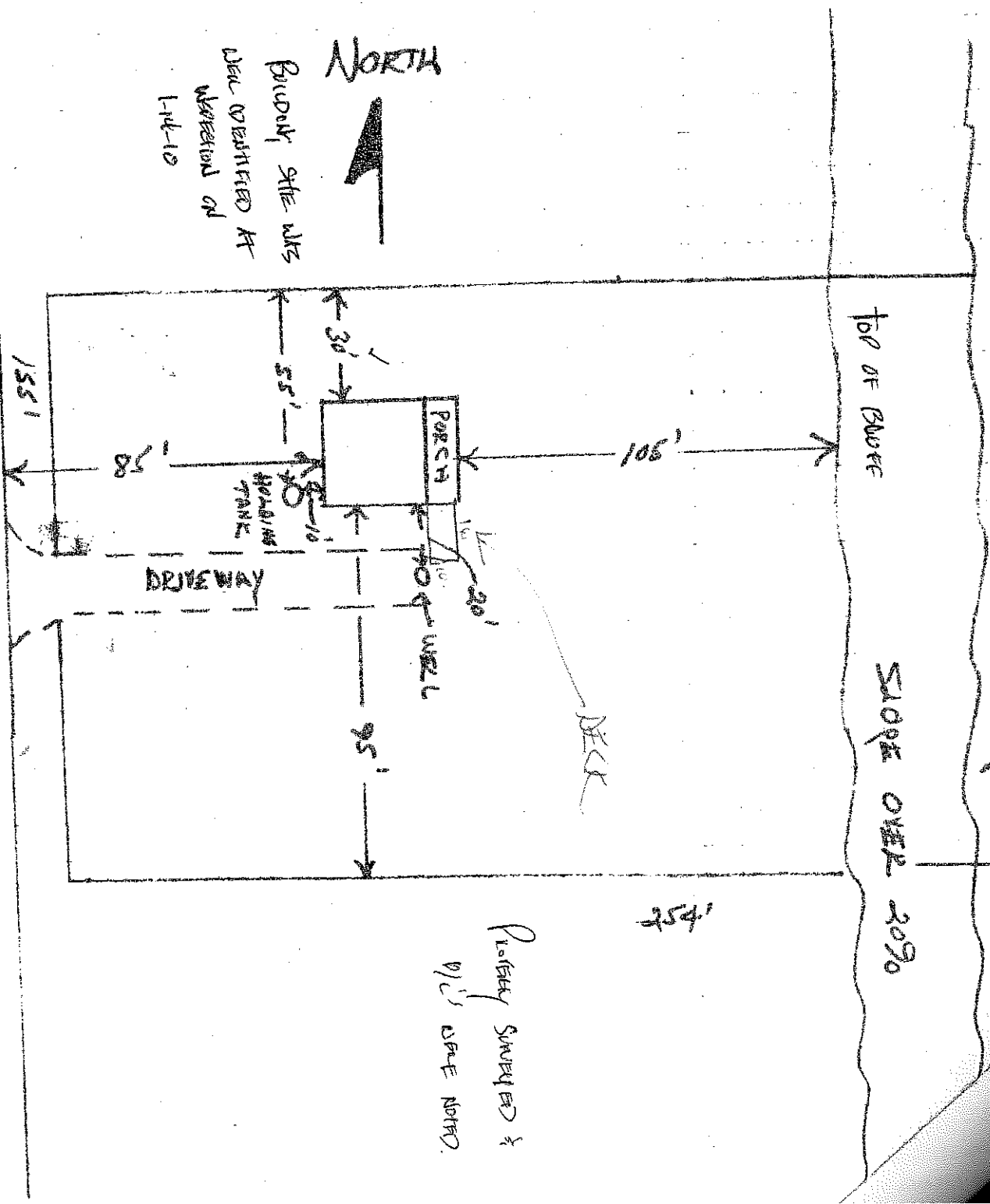
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance If Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0004	Permit Date: 1-10-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CSN	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ATE				
Inspection Record: Deck in installed even w/ the structure		Zoning District				
address of home +/- 105' from top of house		lakes Classification (1)				
Date of inspection: 12-27-13		Inspected by: J. C. MURPHY	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)						
Signature of Inspector: [Signature]						
Hold For Sanitary: <input type="checkbox"/> [Signature]	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 1-6-14		

Lake Superior



E. Roman's Point Rd.

Porch is 10' x 28'
House is 28' x 28'
Each square equals 10'

Holding tank to well is 35'
Holding tank to lake is 15'
New Deck
16' x 10'